

41546

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JAN 14 1942

Registration District No. 148Primary Registration District No. 4082Registrar's No. 26

1. PLACE OF DEATH:

- (a) County Cass
 (b) City or town Bellton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: —
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ✓
 (Specify whether
 In this community life
 years, months or days)

3. (a) PRINT FULL NAME EUGENE SNIDER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Adora Ann M. Snider 6. (c) Age of husband or wife if alive ✓ years
 7. Birth date of deceased Dec 5 1859
 (Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 24 If less than one day
 hr. _____ min. _____

9. Birthplace Jackson Co Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Ret. Farmer11. Industry or business Farming

MOTHER, FATHER { 12. Name Wm Wesley Snider 1
 13. Birthplace N. C.
 (City, town, or county) (State or foreign country)
 14. Maiden name Emily Jane Creeger 1
 15. Birthplace N. C.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Urdie Miller(b) Address Bellton, Mo.17. (a) Burial (b) Date thereof Dec 30, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bellton, Mo.18. (a) Signature of funeral director E. H. Geomier Sons(b) Address Bellton, Mo.19. (a) 12-30-41 (b) R. M. Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cass 11
 (c) City or town Bellton, Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. ✓ (If rural, give location) 11
 (e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1941 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from July 10
1936, to Dec 29, 1941;
 that I last saw him alive on Dec 29, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia following
a long standing Præditi Duration 8 years

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: 1376

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline
 the cause to
 which death
 should be
 charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury ✓

23. Signature R. M. Miller (M. D. or other) ✓
 Address Bellton Mo Date signed 12-30-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE NON-FADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed G. H. Geomr
Licensed Embalmer No. 3645
P. O. Address Grandview Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.